

Utah Wastewater Operator Continuing Education (CEU) Request w/Roster

Name of Course:_____

Instructor(s):_____

Location Held:_____

Instructor
Qualifications:_____

Date:_____Begin Time:_____End Time:_____

#CEUs Requested(.1/hr)_____

Objectives of Course:_____

Attendees: (Print clearly)

Instructor's Signature:_____

Submit to: Wastewater Operator Certification
Division of Water Quality

Mail: PO Box 144870
Salt Lake City, Utah 84114-4870

Fax: (801) 538-6016

Deliver: Cannon Health Bldg, 3rd Floor
288 North 1460 West
Salt Lake City, Utah 84116